|  |  |
| --- | --- |
|  | **TRAINEE FEEDBACK QUESTIONAIRE****AIRCRAFT** |
| **TRAINING: MPL / SEP part ATP** ( tick appropriate box) |
| **Instructor Name:** | **Trainee Name:**Voluntary Field |
| **Training/Evaluation Session:** | **Date:** |
| **Question** | **Grade Awarded / Comments** |
| 1. The training plan was well organized and easy to follow.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:*  |
| 1. The instructors were knowledgeable, well prepared and they met the training objectives.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:* |
| 1. The studying materials were pertinent and useful.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:* |
| 1. Training session schedule was kept.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:* |
| 1. Adequate time was provided for briefing and debriefing.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:* |
| 1. Aircraft operated properly.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:* |
| 1. I was satisfied with the professionalism of CATC personnel.
 | 1. Excellent Satisfactory Unsatisfactory

*Comments:* |
| Overall assessment of quality of Instruction/Evaluation and Equipment:Excellent Satisfactory Unsatisfactory *(If Unsatisfactory please explain on reverse of form)* |
| (For internal use only) Ev. N°:Reviewed by Safety Manager: Name: Signature: Date: |
|  | TRAINEE FEEDBACK QUESTIONAIRE |
| Additional Comments and Recommendations:Event Number:Name (voluntary): Signature: Date:  |